



**The State Bar of California**  
Attorney Regulation & Consumer Resources  
180 Howard Street · San Francisco, CA 94105-1617  
888-800-3400

Fax form to: 415-538-2576

FOR OFFICIAL STATE BAR USE ONLY

Amt Rcvd \$ \_\_\_\_\_  
\_\_\_\_ Check # \_\_\_\_\_  
\_\_\_\_ Credit Card  
\_\_\_\_ No Payment Rcvd  
\_\_\_\_ Over 70  
Initials: \_\_\_\_\_  
FP Compliance Date: \_\_\_\_\_

## Request to Transfer to Active Status – Page 1 of 2

### FINGERPRINT REQUIREMENT MUST BE COMPLETED PRIOR TO SUBMISSION OF TRANSFER TO ACTIVE FORM

Under California Rule of Court 9.9.5, all Inactive licensed attorneys must be fingerprinted prior to being placed on Active status. This is a one-time requirement. Prior to submitting your Request to Transfer to Active Status form please review and complete the fingerprint requirement located in [My State Bar Profile](#). Any Request to Transfer to Active Status form received without proof of compliance of the fingerprint requirement will be rejected, and the attorney will be required to submit a new form once compliance with the fingerprint requirement is completed. Please check the applicable option:

ATI number from California Live Scan form has been entered into [My State Bar Profile](#).

OR

Fingerprint cards of attorneys who reside outside of California have been mailed to Los Angeles Admissions office as instructed. Fingerprint cards must be received by Admissions office for transfer to Active status to occur.

#### 1) ATTORNEY INFORMATION

**NOTE:** Only attorneys on voluntary INACTIVE status may transfer to ACTIVE status

Attorney Name:

State Bar Number:

E-Mail:

Phone Number:

**I hereby request that I be enrolled as an ACTIVE attorney of the State Bar of California in accordance with Rule 2.31, Division 3, Title Two of the Rules of the State Bar of California**

**Status change will be effective upon the State Bar's receipt of this form, payment of the current year's Active fees in full, and compliance with the fingerprint requirement.**

**NOTE:** Even if you are transferring to Active status on the last day of the current year, you will be required to pay full Active fees for this year. *If you would like your status change to be effective on a future date, please indicate below. (Status changes cannot be back-dated.)*

Signature:

Date Executed:

Future Effective Date:  
(if applicable)

#### 2) NOTES

To verify your status has been changed to Active, please go to [calbar.ca.gov](http://calbar.ca.gov) and use the [Attorney Search](#) feature to review your public profile.

This form must include the signature of the attorney and the appropriate fee. Contact us at 888-800-3400 for fee information.

If your address of record is also changing, please log on to [My State Bar Profile](#) and update your profile online. *(Please note that regardless of your attorney status, your address of record is considered part of your public record and will be disclosed upon request. It is also available on the State Bar's website.)*

Once your status has been changed to Active and your payment has been posted, a paper bar card will be available to download or print through "My State Bar Profile" on the State Bar's website. A plastic bar card indicating your new status will not be issued automatically. If you require a new plastic bar card, please check the box below, and a new bar card will be sent to you at your address of record.

I request a plastic bar card indicating Active status.



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## Request to Transfer to Active Status – Page 2 of 2

Attorney Name:

State Bar Number:

E-Mail:

Phone Number:

### 3) PAYMENT INFORMATION

Contact us at 888-800-3400 for exact fee information. **For credit and debit card payments, a non-refundable service fee of 2.5% will be added to all charges and collected by our credit card processor. Only debit cards capable of being run as a credit, such as Visa or MasterCard, can be used for payment and subject to the service fee of 2.5%.**

**Pay by Check:** Enclosed is my check, payable to the State Bar of California, for **ACTIVE** annual fees.

**Pay By Credit Card**

Visa

MasterCard

Discover

American Express

Credit Card #:

-

-

-

Expiration Date (MM/YY): /

Credit Card Security Code:

Name on Card:

Billing Address:

Amount \$

**Please Note: For credit and debit card payments, a non-refundable service fee of 2.5% will be added to all charges and collected by our credit card processor. Only debit cards capable of being run as a credit, such as Visa or MasterCard, can be used for payment and subject to the service fee of 2.5%.**

**By my signature below, I hereby authorize the State Bar of California to charge my credit card for ACTIVE annual fees plus the credit card processing fee, as listed above.**

**Signature:**

**Date:**

### 4) SUBMISSION INFORMATION

**MAIL FORM TO:**

The State Bar of California  
Attorney Regulation & Consumer Resources  
180 Howard Street  
San Francisco, CA 94105

**OR**

**FAX FORM TO:**

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